

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 0/531068
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2			1		1	
3	1		1		1	
4	1		1		1	
5	2		1		1	
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TOTAL IND. 1  1  1 
 TOTAL DEP. 7  5  5 
 TOTAL CLAIMS 7  5  6 

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.   
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